

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/531784

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8		6		/		
9		0		/		
10		0		/		
11		0		/		
12		0		/		
13		0		/		
14		0		/		
15		0		/		
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEF.	24	↔	19	↔		↔
TOTAL CLAIMS	25	[REDACTED]	20	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEF.			↔		↔	↔
TOTAL CLAIMS			[REDACTED]		[REDACTED]	[REDACTED]